

AMENDED IN SENATE APRIL 6, 2015

SENATE BILL

No. 291

Introduced by Senator Lara

February 23, 2015

An act to amend Section ~~152~~ 131019.5 of, and to add Article 2 (commencing with Section 127810) to Chapter 1 of Part 3 of Division 107 of, the Health and Safety Code, and to amend Section 4060 of the Welfare and Institutions Code, relating to ~~public~~ mental health.

LEGISLATIVE COUNSEL'S DIGEST

SB 291, as amended, Lara. ~~Office of Health Equity. Mental health: vulnerable communities.~~

(1) Existing law establishes the Office of Statewide Health Planning and Development and requires the office to prepare a Health Manpower Plan for California to establish standards for, and determine the adequacy of, policies relating to health care practitioners, including physicians, nurses, and dentists, to serve the needs of the state.

This bill would require the office to prepare a Mental Health Manpower Plan to assess the needs and services available to serve the mental health needs of Californians, especially those in vulnerable communities, as defined.

~~Existing~~

(2) Existing law establishes the Office of Health Equity within the State Department of Public Health for the purposes of aligning state resources, decisionmaking, and programs to accomplish various goals relating to health, and requires the office to perform various duties specifically relating to ~~multicultural health~~ vulnerable communities, as defined.

This bill would ~~make a technical, nonsubstantive change to these provisions~~ include individuals who have experienced trauma related to genocide in the definition of vulnerable communities.

(3) Existing law requires the State Department of Health Care Services to provide, to the extent resources are available, technical assistance, through its own staff, or by contract, to county mental health programs and other local mental health agencies in the areas of program operations, research, evaluation, demonstration, or quality assurance projects. Existing law requires the department, to this end, to utilize a meaningful decisionmaking process that includes, among others, stakeholders as determined by the department.

This bill would require the department to include specified stakeholders from vulnerable communities in this process, including diverse racial, ethnic, cultural, and LGBTQ communities, communities that experience trauma related to genocide, women's health advocates, mental health advocates, health and mental health providers, community-based organizations and advocates, academic institutions, local public health departments, local government entities, and low-income and vulnerable consumers.

Vote: majority. Appropriation: no. Fiscal committee: ~~no~~-yes. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Article 2 (commencing with Section 127810) is
2 added to Chapter 1 of Part 3 of Division 107 of the Health and
3 Safety Code, to read:

4
5 Article 2. Mental Health Planning for Vulnerable Communities
6

7 127810. (a) The office shall prepare a Mental Health
8 Manpower Plan for California to assess the needs and services
9 available to serve the mental health needs of Californians,
10 especially those in vulnerable communities. The plan shall consist
11 of at least the following elements:

12 (1) The establishment of appropriate standards for determining
13 the adequacy of supply in California of psychologists, psychiatrists,
14 counselors, and other mental health personnel who may be able
15 to treat groups in vulnerable communities.

1 (2) *A determination of appropriate standards for the adequacy*
2 *of supply of the categories in subdivision (a).*

3 (3) *A determination of the adequacy of the current and future*
4 *supply of personnel in subdivision (a), taking into account the*
5 *sources of supply for that personnel in California, the magnitude*
6 *of immigration of personnel to California, and the likelihood of*
7 *the immigration continuing.*

8 (4) *A determination of the adequacy of the supply of specialties*
9 *within each category of health personnel in subdivision (a).*

10 (5) *Recommendations concerning changes in programs, mental*
11 *health manpower policies, and licensing statutes needed to meet*
12 *the state's need for mental health personnel to serve vulnerable*
13 *communities.*

14 (b) *For purposes of this section, "vulnerable communities" has*
15 *the same meaning as in Section 131019.5.*

16 (c) *The Legislature finds and declares that the needs of*
17 *vulnerable communities for mental health services are often unique*
18 *because of the cultural, linguistic, and experiential circumstances*
19 *of these communities and that unique solutions need to be*
20 *considered for outreach, removal of the stigma for seeking*
21 *assistance, and treatment of individuals in these vulnerable*
22 *communities.*

23 SEC. 2. *Section 131019.5 of the Health and Safety Code is*
24 *amended to read:*

25 131019.5. (a) For purposes of this section, the following
26 definitions shall apply:

27 (1) "Determinants of equity" means social, economic,
28 geographic, political, and physical environmental conditions that
29 lead to the creation of a fair and just society.

30 (2) "Health equity" means efforts to ensure that all people have
31 full and equal access to opportunities that enable them to lead
32 healthy lives.

33 (3) "Health and mental health disparities" means differences in
34 health and mental health status among distinct segments of the
35 population, including differences that occur by gender, age, race
36 or ethnicity, sexual orientation, gender identity, education or
37 income, disability or functional impairment, or geographic location,
38 or the combination of any of these factors.

1 (4) “Health and mental health inequities” means disparities in
2 health or mental health, or the factors that shape health, that are
3 systemic and avoidable and, therefore, considered unjust or unfair.

4 (5) “Vulnerable communities” include, but are not limited to,
5 women, racial or ethnic groups, low-income individuals and
6 families, individuals who are incarcerated and those who have
7 been incarcerated, individuals with disabilities, individuals with
8 mental health conditions, children, youth and young adults, seniors,
9 immigrants and refugees, *individuals who have experienced trauma*
10 *related to genocide*, individuals who are limited-English proficient
11 (LEP), and lesbian, gay, bisexual, transgender, queer, and
12 questioning (LGBTQQ) communities, or combinations of these
13 populations.

14 (6) “Vulnerable places” means places or communities with
15 inequities in the social, economic, educational, or physical
16 environment or environmental health and that have insufficient
17 resources or capacity to protect and promote the health and
18 well-being of their residents.

19 (b) The State Department of Public Health shall establish an
20 Office of Health Equity for the purposes of aligning state resources,
21 decisionmaking, and programs to accomplish all of the following:

22 (1) Achieve the highest level of health and mental health for all
23 people, with special attention focused on those who have
24 experienced socioeconomic disadvantage and historical injustice,
25 including, but not limited to, vulnerable communities~~—and;~~
26 culturally, linguistically, and geographically isolated communities;
27 *and communities that have experienced trauma related to genocide.*

28 (2) Work collaboratively with the Health in All Policies Task
29 Force to promote work to prevent injury and illness through
30 improved social and environmental factors that promote health
31 and mental health.

32 (3) Advise and assist other state departments in their mission
33 to increase access to, and the quality of, culturally and linguistically
34 competent health and mental health care and services.

35 (4) Improve the health status of all populations and places, with
36 a priority on eliminating health and mental health disparities and
37 inequities.

38 (c) The duties of the Office of Health Equity shall include all
39 of the following:

1 (1) Conducting policy analysis and developing strategic policies
2 and plans regarding specific issues affecting vulnerable
3 communities and vulnerable places to increase positive health and
4 mental health outcomes for vulnerable communities and decrease
5 health and mental health disparities and inequities. The policies
6 and plans shall also include strategies to address social and
7 environmental inequities and improve health and mental health.
8 The office shall assist other departments in their missions to
9 increase access to services and supports and improve quality of
10 care for vulnerable communities.

11 (2) Establishing a comprehensive, cross-sectoral strategic plan
12 to eliminate health and mental health disparities and inequities.
13 The strategies and recommendations developed shall take into
14 account the needs of vulnerable communities to ensure strategies
15 are developed throughout the state to eliminate health and mental
16 health disparities and inequities. This plan shall be developed in
17 collaboration with the Health in All Policies Task Force. This plan
18 shall establish goals and benchmarks for specific strategies in order
19 to measure and track disparities and the effectiveness of these
20 strategies. This plan shall be updated periodically, but not less than
21 every two years, to keep abreast of data trends, best practices,
22 promising practices, and to more effectively focus and direct
23 necessary resources to mitigate and eliminate disparities and
24 inequities. This plan shall be included in the report required under
25 paragraph (1) of subdivision (d). The Office of Health Equity shall
26 seek input from the public on the plan through an inclusive public
27 stakeholder process.

28 (3) Building upon and informing the work of the Health in All
29 Policies Task Force in working with state agencies and departments
30 to consider health in appropriate and relevant aspects of public
31 policy development to ensure the implementation of goals and
32 objectives that close the gap in health status. The Office of Health
33 Equity shall work collaboratively with the Health in All Policies
34 Task Force to assist state agencies and departments in developing
35 policies, systems, programs, and environmental change strategies
36 that have population health impacts in all of the following ways,
37 within the resources made available:

38 (A) Develop intervention programs with targeted approaches
39 to address health and mental health inequities and disparities.

1 (B) Prioritize building cross-sectoral partnerships within and
2 across departments and agencies to change policies and practices
3 to advance health equity.

4 (C) Work with the advisory committee established pursuant to
5 subdivision (f) and through stakeholder meetings to provide a
6 forum to identify and address the complexities of health and mental
7 health inequities and disparities and the need for multiple,
8 interrelated, and multisectoral strategies.

9 (D) Provide technical assistance to state and local agencies and
10 departments with regard to building organizational capacity, staff
11 training, and facilitating communication to facilitate strategies to
12 reduce health and mental health disparities.

13 (E) Highlight and share evidence-based, evidence-informed,
14 and community-based practices for reducing health and mental
15 health disparities and inequities.

16 (F) Work with local public health departments, county mental
17 health or behavioral health departments, local social services, and
18 mental health agencies, and other local agencies that address key
19 health determinants, including, but not limited to, housing,
20 transportation, planning, education, parks, and economic
21 development. The Office of Health Equity shall seek to link local
22 efforts with statewide efforts.

23 (4) Consult with community-based organizations and local
24 governmental agencies to ensure that community perspectives and
25 input are included in policies and any strategic plans,
26 recommendations, and implementation activities.

27 (5) Assist in coordinating projects funded by the state that
28 pertain to increasing the health and mental health status of
29 vulnerable communities.

30 (6) Provide consultation and technical assistance to state
31 departments and other state and local agencies charged with
32 providing or purchasing state-funded health and mental health
33 care, in their respective missions to identify, analyze, and report
34 disparities and to identify strategies to address health and mental
35 health disparities.

36 (7) Provide information and assistance to state and local
37 departments in coordinating projects within and across state
38 departments that improve the effectiveness of public health and
39 mental health services to vulnerable communities and that address

1 community environments to promote health. This information shall
2 identify unnecessary duplication of services.

3 (8) Communicate and disseminate information within the
4 department and with other state departments to assist in developing
5 strategies to improve the health and mental health status of persons
6 in vulnerable communities and to share strategies that address the
7 social and environmental determinants of health.

8 (9) Provide consultation and assistance to public and private
9 entities that are attempting to create innovative responses to
10 improve the health and mental health status of vulnerable
11 communities.

12 (10) Seek additional resources, including in-kind assistance,
13 federal funding, and foundation support.

14 (d) In identifying and developing recommendations for strategic
15 plans, the Office of Health Equity shall, at a minimum, do all of
16 the following:

17 (1) Conduct demographic analyses on health and mental health
18 disparities and inequities. The report shall include, to the extent
19 feasible, an analysis of the underlying conditions that contribute
20 to health and well-being. The first report shall be due July 1, 2014.
21 This information shall be updated periodically, but not less than
22 every two years, and made available through public dissemination,
23 including posting on the department's Internet Web site. The report
24 shall be developed using primary and secondary sources of
25 demographic information available to the office, including the
26 work and data collected by the Health in All Policies Task Force.
27 Primary sources of demographic information shall be collected
28 contingent on the receipt of state, federal, or private funds for this
29 purpose.

30 (2) Based on the availability of data, including valid data made
31 available from secondary sources, the report described in paragraph
32 (1) shall address the following key factors as they relate to health
33 and mental health disparities and inequities:

34 (A) Income security such as living wage, earned income tax
35 credit, and paid leave.

36 (B) Food security and nutrition such as food stamp eligibility
37 and enrollment, assessments of food access, and rates of access to
38 unhealthy food and beverages.

39 (C) Child development, education, and literacy rates, including
40 opportunities for early childhood development and parenting

1 support, rates of graduation compared to dropout rates, college
2 attainment, and adult literacy.

3 (D) Housing, including access to affordable, safe, and healthy
4 housing, housing near parks and with access to healthy foods, and
5 housing that incorporates universal design and visitability features.

6 (E) Environmental quality, including exposure to toxins in the
7 air, water, and soil.

8 (F) Accessible built environments that promote health and
9 safety, including mixed-used land, active transportation such as
10 improved pedestrian, bicycle, and automobile safety, parks and
11 green space, and healthy school siting.

12 (G) Health care, including accessible disease management
13 programs, access to affordable, quality health and behavioral health
14 care, assessment of the health care workforce, and workforce
15 diversity.

16 (H) Prevention efforts, including community-based education
17 and availability of preventive services.

18 (I) Assessing ongoing discrimination and minority stressors
19 against individuals and groups in vulnerable communities based
20 upon race, gender, gender identity, gender expression, ethnicity,
21 marital status, language, sexual orientation, disability, and other
22 factors, such as discrimination that is based upon bias and negative
23 attitudes of health professionals and providers.

24 (J) Neighborhood safety and collective efficacy, including rates
25 of violence, increases or decreases in community cohesion, and
26 collaborative efforts to improve the health and well-being of the
27 community.

28 (K) The efforts of the Health in All Policies Task Force,
29 including monitoring and identifying efforts to include health and
30 equity in all sectors.

31 (L) Culturally appropriate and competent services and training
32 in all sectors, including training to eliminate bias, discrimination,
33 and mistreatment of persons in vulnerable communities.

34 (M) Linguistically appropriate and competent services and
35 training in all sectors, including the availability of information in
36 alternative formats such as large font, braille, and American Sign
37 Language.

38 (N) Accessible, affordable, and appropriate mental health
39 services.

1 (3) Consult regularly with representatives of vulnerable
2 communities, including diverse racial, ethnic, cultural, and
3 LGBTQQ communities, women's health advocates, mental health
4 advocates, health and mental health providers, community-based
5 organizations and advocates, academic institutions, local public
6 health departments, local government entities, and low-income
7 and vulnerable consumers.

8 (4) Consult regularly with the advisory committee established
9 by subdivision (f) for input and updates on the policy
10 recommendations, strategic plans, and status of cross-sectoral
11 work.

12 (e) The Office of Health Equity shall be organized as follows:

13 (1) A Deputy Director shall be appointed by the Governor or
14 the State Public Health Officer, and is subject to confirmation by
15 the Senate. The salary for the Deputy Director shall be fixed in
16 accordance with state law.

17 (2) The Deputy Director of the Office of Health Equity shall
18 report to the State Public Health Officer and shall work closely
19 with the Director of Health Care Services to ensure compliance
20 with the requirements of the office's strategic plans, policies, and
21 implementation activities.

22 (f) The Office of Health Equity shall establish an advisory
23 committee to advance the goals of the office and to actively
24 participate in decisionmaking. The advisory committee shall be
25 composed of representatives from applicable state agencies and
26 departments, local health departments, community-based
27 organizations working to advance health and mental health equity,
28 vulnerable communities, and stakeholder communities that
29 represent the diverse demographics of the state. The chair of the
30 advisory committee shall be a representative from a nonstate entity.
31 The advisory committee shall be established by no later than
32 October 1, 2013, and shall meet, at a minimum, on a quarterly
33 basis. Subcommittees of this advisory committee may be formed
34 as determined by the chair.

35 (g) An interagency agreement shall be established between the
36 State Department of Public Health and the State Department of
37 Health Care Services to outline the process by which the
38 departments will jointly work to advance the mission of the Office
39 of Health Equity, including responsibilities, scope of work, and
40 necessary resources.

1 *SEC. 3. Section 4060 of the Welfare and Institutions Code is*
2 *amended to read:*

3 4060. The State Department of Health Care Services shall, in
4 order to implement Section 4050, utilize a meaningful
5 decisionmaking process that includes local mental health directors
6 and representatives of local mental health boards as well as other
7 stakeholders ~~as determined by the department in vulnerable~~
8 communities, including diverse racial, ethnic, cultural, and
9 LGBTQQ communities, communities that experience trauma
10 related to genocide, women's health advocates, mental health
11 advocates, health and mental health providers, community-based
12 organizations and advocates, academic institutions, local public
13 health departments, local government entities, and low-income
14 and vulnerable consumers. The purpose of this collaboration shall
15 be to promote effective and efficient quality mental health services
16 to the residents of the state under the realigned mental health
17 system.

18 ~~SECTION 1. Section 152 of the Health and Safety Code is~~
19 ~~amended to read:~~

20 ~~152. (a) The Office of Health Equity within the State~~
21 ~~Department of Public Health shall do all of the following:~~

22 ~~(1) Perform strategic planning to develop departmentwide plans~~
23 ~~for implementation of goals and objectives to close the gaps in~~
24 ~~health status and access to care among the state's diverse racial~~
25 ~~and ethnic communities, women, persons with disabilities, and the~~
26 ~~lesbian, gay, bisexual, transgender, queer, and questioning~~
27 ~~(LGBTQQ) communities.~~

28 ~~(2) Conduct departmental policy analysis on specific issues~~
29 ~~related to multicultural health.~~

30 ~~(3) Coordinate projects funded by the state that are related to~~
31 ~~improving the effectiveness of services to ethnic and racial~~
32 ~~communities, women, and the LGBTQQ communities.~~

33 ~~(4) Identify the unnecessary duplication of services and future~~
34 ~~service needs.~~

35 ~~(5) Communicate and disseminate information and perform a~~
36 ~~liaison function within the department and to providers of health,~~
37 ~~social, educational, and support services to racial and ethnic~~
38 ~~communities, women, persons with disabilities, and the LGBTQQ~~
39 ~~communities. The department shall consult regularly with~~
40 ~~representatives from diverse racial and ethnic communities,~~

1 women, persons with disabilities, and the LGBTQQ communities,
2 including health providers, advocates, and consumers.

3 ~~(6) Perform internal staff training, an internal assessment of~~
4 ~~cultural competency, and training of health care professionals to~~
5 ~~ensure more linguistically and culturally competent care.~~

6 ~~(7) Serve as a resource for ensuring that programs collect and~~
7 ~~keep data and information regarding ethnic and racial health~~
8 ~~statistics, including those statistics described in reports released~~
9 ~~by Healthy People 2020, and information based on sexual~~
10 ~~orientation, gender identity, and gender expression, strategies and~~
11 ~~programs that address multicultural health issues, including, but~~
12 ~~not limited to, infant and maternal mortality, cancer, cardiovascular~~
13 ~~disease, diabetes, human immunodeficiency virus (HIV), acquired~~
14 ~~immunodeficiency syndrome (AIDS), child and adult~~
15 ~~immunization, osteoporosis, menopause, and full reproductive~~
16 ~~health, asthma, unintentional and intentional injury, and obesity,~~
17 ~~as well as issues that impact the health of racial and ethnic~~
18 ~~communities, women, and the LGBTQQ communities, including~~
19 ~~substance abuse, mental health, housing, teenage pregnancy,~~
20 ~~environmental disparities, immigrant and migrant health, and health~~
21 ~~insurance and delivery systems.~~

22 ~~(8) Encourage innovative responses by public and private entities~~
23 ~~that are attempting to address multicultural health issues.~~

24 ~~(9) Provide technical assistance to counties, other public entities,~~
25 ~~and private entities seeking to obtain funds for initiatives in~~
26 ~~multicultural health, including identification of funding sources~~
27 ~~and assistance with writing grants.~~

28 ~~(b) Notwithstanding Section 10231.5 of the Government Code,~~
29 ~~the State Department of Public Health shall biennially prepare and~~
30 ~~submit a report to the Legislature on the status of the activities~~
31 ~~required by this chapter. This report shall be included in the report~~
32 ~~required under paragraph (1) of subdivision (d) of Section~~
33 ~~131019.5.~~